PTO/SB/01 (12-97)

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|--|-----------|---|----------------------|-----------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION |           |   | Attorney Docket Numb | er PEA03US            |
|  |           |   | First Named Inventor | Simon Robert Walmsley |
|  |           |   | COMPLETE IF KNOWN    |                       |
| (37 CFR 1.63)  |           | Application Number  |                      |                       |
| Declaration Submitted with Initial Filing            | OR        | Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Filing Date          |                       |
|  |           |   | Group Art Unit       |                       |
|  |           |   | Examiner Name        |                       |

| As a below named inventor, I hereby declare that:   |  |   |   |   |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|
|   | •  |   |   |   |  |  |  |  |  |
| My residence, post office   | address, and citizenship are   | as stated below next to my                                | name.   |   |  |  |  |  |  |
| I believe I am the original,<br>names are listed below) c   | , first and sole inventor (if only<br>of the subject matter which is | y one name is listed below)<br>claimed and for which a pa | or an original, fi  | irst and joint inventor (if plural<br>n the invention entitled: |  |  |  |  |  |
| COMPENSATION FOR VERTICAL SKEW BETWEEN ADJACENT ROWS OF NOZZLES ON A PRINTHEAD MODULE   |  |   |   |   |  |  |  |  |  |
| the specification of which (Title of the Invention)   |  |   |   |   |  |  |  |  |  |
| is attached hereto  | •  | ,   |   |   |  |  |  |  |  |
| was filed on (MM/D  | )D/YYY)  | as Uniter   | d States Applica  | tion Number or PCT International                                |  |  |  |  |  |
| Application Number  | and w  | ras amended on (MM/DD/Y)                                  | m [   | (if applicable).  |  |  |  |  |  |
| I hereby state that I have re   | eviewed and understand the   | contents of the above ident                               | , <del></del>   |   |  |  |  |  |  |
| amended by any amendme  | ent specifically referred to abo                                     | ove.  |   |   |  |  |  |  |  |
| I acknowledge the duty to d   | disclose information which is  | material to patentability as                              | defined in 37 CF  | ·R 1.56.  |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. |  |   |   |   |  |  |  |  |  |
| Prior Foreign Application<br>Number(s)  | Country  | Foreign Filing Date<br>(MM/DD/YYYY)                       | Priority<br>Not Claimed   | Certifled Copy Attached? YES NO                                 |  |  |  |  |  |
| 2002953134  | Australia  | 2 Dec 2002  | П   |   |  |  |  |  |  |
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| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:   |  |   |   |   |  |  |  |  |  |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.   |  |   |   |   |  |  |  |  |  |
| Application Number  | (S) Filing Date  | e (MM/DD/YYYY)  | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |   |  |  |  |  |  |
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## DECLARATION Utility or Design Patent Application

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|--|------------|---|----------|--------------------------|--------------------------------------|--------------------------|-----------|----------------------|--|------------------------------|---------------|------------------|
| I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |            |   |          |                          |                                      |                          |           |                      |  |                              |               |                  |
| U.S. Parent Application or PCT Parent Number   |            |   |          |                          | Parent Filing Date<br>(MM/DD/YYYY)   |                          |           |                      |  | ent Patent I<br>(if applicat |               |                  |
|  |            |   |          |                          |                                      |                          |           |                      |  |                              |               |                  |
|  |            | PCT international                                 | -        |                          | _                                    |                          |           | •                    |  |                              |               |                  |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pat and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below  Place Customer Number Bar Code  Label here  |            |   |          |                          |                                      |                          |           | omer<br>Code         |  |                              |               |                  |
|  | Nam        | e   |          | Regis                    | tration<br>mber                      |                          | 9,0,0     | Nan                  |  |                              |               | stration<br>mber |
|  |            |   |          |                          |                                      |                          |           |                      |  |                              |               |                  |
| Additional I   | registered | f practitioner(s) r                               | named o  | on supplementa           | Registere                            | Pract                    | itioner l | nformation sh        | eet PTO/                               | SB/020                       | attached here | eto.             |
| Direct all corr  | esponde    |   |          | ner Number<br>Code Label | 240                                  | 11                       |           | OR                   | c                                      | orrespe                      | ondence add   | ress below       |
| Name   | Kia S      | Silverbrook                                       |          |                          |                                      |                          |           |                      |  |                              |               |                  |
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| Address  | 393        | Darling Street                                    |          |                          |                                      |                          |           |                      |  |                              |               |                  |
| City   | Balm       | ain State NSW ZIP 2041                            |          |                          |                                      |                          |           | · · · · · ·          |  |                              |               |                  |
| Country  | Austi      | ralia Telephone 61-2-9818-6633 Fax 61-2-9555-7762 |          |                          |                                      |                          | 62        |                      |  |                              |               |                  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  |            |   |          |                          |                                      |                          |           |                      |  |                              |               |                  |
| Name of So   | ole or F   | irst Invento                                      | r:       |                          |                                      |                          | A petitio | on has been          | filed for                              | r this u                     | ınsigned inve | entor            |
| Gi   | ven Nar    | ne (first and m                                   | iddle [i | if any])                 |                                      | Family Name or Surname   |           |                      |  |                              |               |                  |
| SIMON ROBERT WALMSLEY  |            |   |          |                          |                                      |                          |           |                      |  |                              |               |                  |
| Inventor's<br>Signature  |            |   |          |                          |                                      |                          |           | November<br>25, 2003 |  |                              |               |                  |
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| City   |            | Balmain State NSW ZIF                             |          |                          |                                      | p 2041 country Australia |           |                      |  | a                            |               |                  |
| Additional   | invento    | rs are being na                                   | med o    | on the su                | nnlement                             | al Add                   | itional   | Inventor(s)          | choot/c\                               | PTO/                         | SB/02A attac  | shed bereto      |

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1\_\_ of \_\_ 1

| Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor |   |               |                           |                        |                        |  |  |  |
|--|---|---------------|---------------------------|------------------------|------------------------|--|--|--|
| Given Name (first and middle [if any])   | Family Name or Surname                  |               |                           |                        |                        |  |  |  |
| RICHARD THOMAS   |   | PLUNKETT      |                           |                        |                        |  |  |  |
| Inventor's N. Plumkett   |   |               | DateNovember 25, 2003     |                        |                        |  |  |  |
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| Mailing Address 393 Darling Street   |   |               |                           |                        |                        |  |  |  |
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| Name of Additional Joint Inventor, if an   | y:                                      |               | A petition has been filed | for thi                | s unsigned inventor    |  |  |  |
| Given Name (first and middle [if any])   |   |               | Family Nam                | ne or S                | umame                  |  |  |  |
|  |   |               |                           |                        |                        |  |  |  |
| Inventor' s<br>Signature   | *************************************** |               |                           |                        |                        |  |  |  |
| Residence: City  | State                                   | State Country |                           |                        | Citizenship            |  |  |  |
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|  |   |               | ZIP                       | Cou                    | ntry                   |  |  |  |
| Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor |   |               |                           |                        |                        |  |  |  |
| Given Name (first and middle [if any])   | Family Name or Sumame                   |               |                           |                        |                        |  |  |  |
|  |   |               |                           |                        |                        |  |  |  |
| Inventor' s<br>Signature   |   |               |                           |                        | Date                   |  |  |  |
| Residence: City State  |   |               | Country                   | Citizenship            |                        |  |  |  |
| Mailing Address  |   |               |                           |                        |                        |  |  |  |
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